

RADIOACTIVE MATERIAL LICENSE APPLICATION

Instructions: (1) Refer to Guide for Applicants (RH 2051). (2) Where space provided on this form is insufficient, attach supplemental sheets referencing the part being expanded. (3) Submit **ALL** material **in duplicate** to: California Department of Health Services, Radiologic Health Branch, Licensing Section, MS 7610, P.O. Box 997414, Sacramento, CA 95899-7414. For more information, go to www.dhs.ca.gov/rhb or phone (916) 327-5106. (4) Medical applicants should request other forms if in-vivo use is involved.

1. Name of applicant	Telephone number, including area code ()	Extension
Mailing address/street address (number, street, suite/apartment number/letter, P.O. box, etc.)		

City	State	ZIP code
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2. Type of business

☐ Individual ☐ Partnership or association ☐ Corporation

List all addresses at which radioactive material will be used or stored

Address (number, street)	City	ZIP code
Address (number, street)	City	ZIP code
Address (number, street)	City	ZIP code

Will radioactive material be used at temporary job sites? ☐ Yes ☐ No

Type of application

☐ New radioactive material license
☐ Renewal of radioactive material license number: _____
☐ Amendment to radioactive material license number: _____

3. a. Nuclide	b. Chemical and/or physical form	c. Possession limit

4. Describe the proposed use of this radioactive material

5. Radiation Safety Officer and Individual Users

List radiation Safety Officer first. Attach Statement of Training and Experience (RH 2050 A) for each individual who will use radioactive material.

6. Radiation Detection Instruments

Make and Model Number	Description	Number Available	Purpose for Which Used

7. Method, frequency, and standards used in calibrating instruments listed above

8. Personnel monitoring and bioassay procedures

9. Facilities and equipment

10. Radiation safety program

11. Effluent and environmental monitoring

12. Waste disposal

13. Decommissioning and decontamination plans

14. Certificate

The applicant and any official executing this certificate on behalf of the applicant named in item 1 certify that all information contained herein, including any supplements attached hereto, is true and correct. The individual executing this certificate has authority to commit the applicant relative to matters involved in this application.

Date

By: _____
